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FILED
BOARD OF OPTOMETRISTS

OCT 22 2010

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STATE BOARD OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF OPTOMETRISTS

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

SANDRA KANTOREK, O.D
License No. 270A00368600

Administrative Action

TO PRACTICE OPTOMETRY
IN THE STATE OF NEW JERSEY

CONSENT ORDER

This matter was opened to the New Jersey State Board of Optometrists (hereinafter "the Board") upon receipt of information concerning the optometric services that were provided to patient, M.C., alleging that Dr. Kantorek failed to inform her prior to her contact lens fitting that this examination would not be covered by her insurance company. Dr. Sandra Kantorek (hereinafter "Respondent") appeared before an investigative inquiry of the Board on June 16, 2010 waiving any right to be represented by counsel.

The Respondent confirmed that on December 22, 2009 M.C. was a new patient that read and signed an insurance/medicare payment authorization form. During this initial consultation, the Respondent testified that she placed Fluorescein dye in the patient's cornea and that she recommended dry eye therapy to the patient, provided a pamphlet of information on this condition, and supplied her with Systane samples. When questioned by the Board whether this diagnosis was documented on the patient record, the Respondent answered in the negative and confirmed that no Schirmer test had been performed. The Respondent further testified that she did not document on the patient's record the tear break up time. When asked by the Board if it was her practice not to document this type of information, she testified that "a lot of times I do and a lot of times I don't."

The Respondent testified that the patient complained of headaches and although her normal procedure involves conducting a baseline visual field study, she did not perform one at the initial visit. Respondent claimed that since nothing was discovered in the macula area, media or AV ratio sections during this examination, she made the decision to leave these sections blank on the patient record.

The patient record revealed that Respondent billed for an extended ophthalmoscopy, which is a complex examination. However, there was a lack of documentation in the patient's records to support this examination as well the claimed results. The Respondent testified that she normally records, but not during an initial appointment. In response to the patient's inquiry about being fit for contact lenses, Respondent claimed she informed the patient that should she choose to return to the

office for another visit, the refit fee would cost \$200 including the contacts and a follow-up.

During this second visit on December 29th, 2009 the patient was fitted for Clarity H20 contacts and being a smoker, was directed to use artificial tears. Respondent testified although she is sure that she completed a contact lens evaluation, it was not documented in the patient record. Respondent confirmed that the movement of the trial lens was not recorded on this visit or the subsequent visit on January 5th, 2010. Although a dry eye evaluation was billed to the patient using code 99214, Respondent confirmed that she did not perform any tests to support her diagnosis, nor did she place Fluorescein into the patient's cornea as she wanted to fit the patient for contacts because she knew that the cornea was going to stain.

According to the Respondent, the patient was not charged a co-pay for this visit, but instead paid \$50 towards her \$200 contact lens fee. Respondent claims the patient refused to pay her co-pay and advised that she would speak with the insurance company directly.

Respondent stated that when the patient previously inquired about tinted lenses, she had informed her that she does not fit for them. However, on or about March 8th, 2010 the patient called Respondent's office requesting that a prescription for her to obtain tinted lenses be provided to another optometrist. Respondent confirmed that she complied with this request by faxing over an Accuvue 2 colors opaque prescription. She dated this prescription without the patient coming in for an appointment, she did not physically observe the contact lenses in the patient's eyes, nor did she perform an evaluation of the performance of those lenses. This is a violation of N.J.A.C.

13:38—6.1(c)1, as a contact lens prescription is not considered complete until fitted and fully evaluated over at least one follow-up visit.

The Board finds that Respondent failed to document the corneal measurements taken at the time of the original examination in violation of N.J.A.C. 13:38-2.1(a)5, failed to document the status of the binocularity in violation of N.J.A.C. 13:38-2.1(a)8, violated N.J.A.C. 13:38-2.1(a)9 by failing to document the color vision testing and she did not document the results of the visual field test in violation to N.J.A.C. 13:38-2.1(a)10. The Board further finds that Respondent violated N.J.S.A. 45:1-21(e) as she billed for an extended ophthalmoscopy, a highly complex medical examination, and complex medical follow-up examination which were not supported by the patient record.

The Respondent having agreed to resolution of this matter without admissions and without further formal proceedings, and other good cause shown:

**IT IS THEREFORE on this 22nd day of October, 2010,
HEREBY ORDERED AND AGREED THAT:**

1. Respondent Dr. Sandra Kantorek, shall be formally reprimanded for failure to adequately document the optometric procedures performed on M.C.'s patient record as required by N.J.A.C. 13:38-2.1 et.seq.
2. Respondent is hereby assessed two thousand dollars (\$2000.00) in civil penalties. One thousand dollars (\$1000.00) is imposed for her failure to evaluate the fit and performance of Accuvue 2 opaque lenses prescribed pursuant to N.J.A.C. 13:38-6.1(c) and for failure to meet the minimum examination regulations pursuant to N.J.A.C. 13:38-2.1(a) 5,8,9 and 10 by not recording the corneal measurements, binocularity, color vision and visual fields. Respondent shall pay an additional

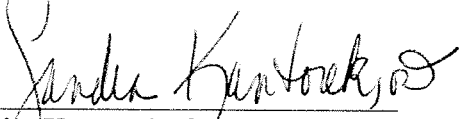
one thousand dollar (\$1000.00) civil penalty for violation of N.J.S.A 45: 1:21(e) by billing a highly complex medical exam that was not supported in the patient record. The total payment of two thousand dollars (\$2000.00) shall be submitted by certified check or money order made payable to the State of New Jersey and shall be sent to the Board of Optometrists, Attention: Lisa Affinito, Executive Director at 124 Halsey Street, 6th Floor, Newark, N.J. 07102 simultaneously with the signing of this order.

3. Respondent shall successfully complete a medical billing course of study that shall be pre-approved by the Board before it is taken and Respondent shall bear the cost of the course. Documentation of completion of this course shall be submitted to the Board within six (6) months of the entry date of this consent order.
4. Respondent is hereby assessed the costs of the investigation to the State in the amount of \$262.00. Payment for costs shall be submitted by certified check or money order made payable to the Board of Optometrists and submitted to the Board simultaneously with the signing of this order. Payment shall be sent to the address described above in paragraph two.
5. Failure to remit any payment by the date required by this Order shall result in the filing of a certificate of debt and such other proceedings as permitted by law.

NEW JERSEY STATE BOARD OF
OPTOMETRISTS

By: _____
Mitchell Fink, O.D
Board President

I have read the within Order
and understand it. I agree to be
bound by its terms and hereby
consent to it being entered by
the New Jersey Board of
Optometrists.



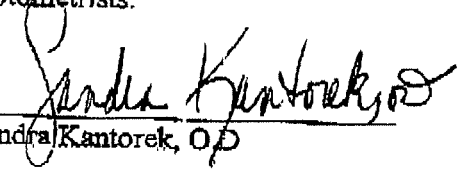
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